

FROM McANDREWS, HELD, & MALLOY

(THU) 10. 27' 05 17:38/ST. 17:38/NO. 4861050715 P 1



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TO: Examiner: S.H. Azarian  
Group Art Unit: 2625

FAX NO.: 571 273 8300

FROM: Michael T. Cruz


USER ID: 8084

CLIENT: 1772

MATTER: 14484US01

Number of Pages This Transmission (Including Cover Page): 9

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Michael T. Cruz  
Reg. No. 44,636

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PTO/SB/21 (09-04)

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|---|-------------------------------|--|-------------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing)   |                               | Application Number   | 10/085,468        |
|   |                               | Filing Date  | February 28, 2002 |
|   |                               | First Named Inventor   | A.D. Danielson    |
|   |                               | Art Unit   | 2625              |
|   |                               | Examiner Name  | S.H. Azarian      |
|   |                               | Attorney Docket Number   | 14484US01         |
| Total Number of Pages in This Submission  |                               | 8  |                   |
| <b>ENCLOSURES (check all that apply)</b>  |                               |  |                   |
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |                               | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD              |                   |
|   |                               | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Return-Receipt Postcard<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Request for Continued Examination |                   |
| Remarks   |                               | Request for Continued Examination is filed in Duplicate.   |                   |
| <b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>   |                               |  |                   |
| Firm  | McAndrews Held & Malloy, Ltd. |  |                   |
| Signature   | <i>Michael T. Cruz</i>        |  |                   |
| Printed Name  | Michael T. Cruz               |  |                   |
| Date  | October 27, 2005              |  |                   |
| <b>CERTIFICATE OF FAX TRANSMITTAL</b>   |                               |  |                   |
| I hereby certify that this correspondence is being sent via facsimile to the United States Patent and Trademark Office, fax No. 571 273 8300, on October 27, 2005.  |                               |  |                   |
| Name (Print/type)   | Michael T. Cruz               | Registration No. (Attorney/Agent)  | 44,636            |
| Signature   | <i>Michael T. Cruz</i>        | Date   | October 27, 2005  |

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| Effective on 12/08/2004.<br>Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).   |                        | Complete if Known     |                                   |                       |                  |                       |                                  |
|---|------------------------|-----------------------|-----------------------------------|-----------------------|------------------|-----------------------|----------------------------------|
| <b>FEE TRANSMITTAL<br/>for FY 2005</b>  |                        | Application Number    | 10/085,488                        |                       |                  |                       |                                  |
|   |                        | Filing Date           | February 28, 2002                 |                       |                  |                       |                                  |
|   |                        | First Named Inventor  | A.D. Danielson                    |                       |                  |                       |                                  |
|   |                        | Examiner Name         | S.H. Azarian                      |                       |                  |                       |                                  |
|   |                        | Art Unit              | 2625                              |                       |                  |                       |                                  |
|   |                        | Attorney Docket No.   | 14484US01                         |                       |                  |                       |                                  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |                        |                       |                                   |                       |                  |                       |                                  |
| TOTAL AMOUNT OF PAYMENT (\$)  |                        | 790.00                |                                   |                       |                  |                       |                                  |
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| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held &amp; Malloy</u><br>For the above-identified deposit account, the Director is hereby authorized to (check all that apply)                                  |                        |                       |                                   |                       |                  |                       |                                  |
| <input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee   |                        |                       |                                   |                       |                  |                       |                                  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17   |                        |                       |                                   |                       |                  |                       |                                  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  |                        |                       |                                   |                       |                  |                       |                                  |
| <b>FEE CALCULATION</b>  |                        |                       |                                   |                       |                  |                       |                                  |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                        |                       |                                   |                       |                  |                       |                                  |
| Application Type  | FILING FEES            |                       | SEARCH FEES                       |                       | EXAMINATION FEES |                       | Fees Paid(\$)                    |
|   | Fee (\$)               | Small Entity Fee (\$) | Fee (\$)                          | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                                  |
| Utility   | 300                    | 150                   | 500                               | 250                   | 200              | 100                   |                                  |
| Design  | 200                    | 100                   | 100                               | 50                    | 130              | 65                    |                                  |
| Plant   | 200                    | 100                   | 300                               | 150                   | 160              | 80                    |                                  |
| Reissue   | 300                    | 150                   | 500                               | 250                   | 600              | 300                   |                                  |
| Provisional   | 200                    | 100                   | 0                                 | 0                     | 0                | 0                     |                                  |
|   |                        |                       |                                   |                       |                  |                       | <b>Small Entity</b>              |
|   |                        |                       |                                   |                       |                  |                       | Fee (\$)                         |
| Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent  |                        |                       |                                   |                       |                  |                       | 50                               |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent   |                        |                       |                                   |                       |                  |                       | 200                              |
| Multiple dependent claims   |                        |                       |                                   |                       |                  |                       | 360                              |
|   |                        |                       |                                   |                       |                  |                       | 180                              |
|   |                        |                       |                                   |                       |                  |                       | <b>Multiple Dependent Claims</b> |
|   |                        |                       |                                   |                       |                  |                       | Fee                              |
|   |                        |                       |                                   |                       |                  |                       | Fee Paid (\$)                    |
| <b>2. EXCESS CLAIM FEES</b><br><b>Fee Description</b><br>Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent<br>Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent<br>Multiple dependent claims |                        |                       |                                   |                       |                  |                       |                                  |
| <b>Total Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>  |                        |                       |                                   |                       |                  |                       |                                  |
| -20 or HP      x      =   |                        |                       |                                   |                       |                  |                       |                                  |
| HP = highest number of total claims paid for, if greater than 20  |                        |                       |                                   |                       |                  |                       |                                  |
| <b>Indep. Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>   |                        |                       |                                   |                       |                  |                       |                                  |
| -3 or HP      x      =  |                        |                       |                                   |                       |                  |                       |                                  |
| HP = highest number of independent claims paid for, if greater than 3   |                        |                       |                                   |                       |                  |                       |                                  |
| <b>3. APPLICATION SIZE FEE</b>  |                        |                       |                                   |                       |                  |                       |                                  |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).   |                        |                       |                                   |                       |                  |                       |                                  |
| <b>Total Sheets</b> <b>Extra Sheets</b> <b>Number of each additional 50 or fraction thereof</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>  |                        |                       |                                   |                       |                  |                       |                                  |
| -100      /50      (round up to a whole number)      x      =   |                        |                       |                                   |                       |                  |                       |                                  |
|   |                        |                       |                                   |                       |                  |                       | <b>Fee Paid (\$)</b>             |
| <b>4. OTHER FEE (\$)</b>  |                        |                       |                                   |                       |                  |                       |                                  |
| Non-English Specification, \$130 fee (no small entity discount)   |                        |                       |                                   |                       |                  |                       |                                  |
| Other: <u>Request for Continued Examination</u>   |                        |                       |                                   |                       |                  |                       | 790                              |
| <b>SUBMITTED BY</b>   |                        |                       |                                   |                       |                  |                       |                                  |
| Signature   | <u>Michael T. Cruz</u> |                       | Registration No. (Attorney/Agent) | 44,636                | Telephone        | (312)775-8000         |                                  |
| Name (print/type)   | Michael T. Cruz        |                       |                                   |                       | Date             | October 27, 2005      |                                  |

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